

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1								
2	1							
3								
4	1							
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16	1							
17								
18								
19								
20								
21								
22								
23	1							
24								
25								
26								
27								
28	1							
29								
30	1							
31								
32	1							
33	1							
34	1							
35	1							
36	1							
37								
38			2					
39			1					
40			1					
41			1					
42			1					
43			1					
44			1					
45			1					
46			1					
47			1					
48			1					
49	1							
50			1					
TOTAL IND.	20							
TOTAL DEP.	74							
TOTAL CLAIMS								
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62	1							
63								
64								
65	1							
66	1							
67								
68	1							
69								
70								
71	1							
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								